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Adult children of alcoholics: Measuring the personality characteristics of autonomy, inferiority and intimacy

Cynthia Ann Walker

College of William & Mary - School of Education

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**Adult children of alcoholics: Measuring the personality
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Walker, Cynthia Ann, Ed.D.

The College of William and Mary, 1994

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ADULT CHILDREN OF ALCOHOLICS:
MEASURING THE PERSONALITY CHARACTERISTICS OF
AUTONOMY, INFERIORITY AND INTIMACY

A Dissertation
Presented to
The Faculty of the School of Education
The College of William and Mary in Virginia

In Partial Fulfillment
of the Requirements for the Degree of
Doctor of Education

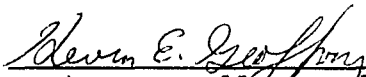
by
Cynthia Ann Walker
February 1994

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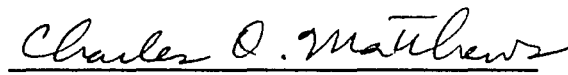
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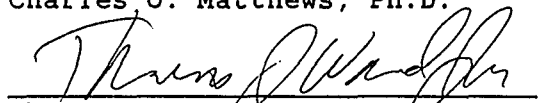
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DEDICATION

This dissertation is dedicated to the glory of God.

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ADULT CHILDREN OF ALCOHOLICS:
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AUTONOMY, INFERIORITY AND INTIMACY

ABSTRACT

This study investigated how adult children of alcoholics differ from adult children of non-alcoholics when measured on the personality characteristics of autonomy, inferiority and intimacy. The subjects were randomly selected from the employees of a large school district in southeast Virginia. Each subject received a questionnaire package that included the Adjective Check List, Personal Orientation Inventory, Children of Alcoholics Screening Test and The Personal History Questionnaire. The return rate for questionnaire packages was 72%. All subjects were volunteers and their identities remained anonymous to the researcher. The sample size was 130.

The subjects were placed in the adult children of alcoholics group (n=86) if they were parented by an alcoholic and scored six or above on the Children of Alcoholics Screening Test (CAST). Subjects were placed in the adult children of non-alcoholics group (n=44) if

they were not parented by an alcoholic and scored below six on the CAST. The subjects were compared on the autonomy and abasement scales of the Adjective Check List, and the capacity of intimate contact (C) scale of The Personal Orientation Inventory. There was no statistically significant difference found between the two groups when a t-test was employed with the alpha level set at the .05. A Bonferroni method was used to control for alpha since several questions were studied. For this population which was primarily white, well-educated, employed, females, there was no statistically significant difference between adult children of alcoholics and adult children of non-alcoholics for the variables of autonomy, inferiority and intimacy. However, self-reported adult children of alcoholics scored statistically significantly higher on the Children of Alcoholics Screening Test (CAST) than did self-reported adult children of non-alcoholics using a t-test with the alpha level set at .05. All self reported adult children of alcoholics scored six or above on the CAST.

This research was based on the work of Erik Erikson and his developmental stage approach. These findings

would indicate that some children of alcoholics may not
be in need of treatment or a recovery program.

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ADULT CHILDREN OF ALCOHOLICS:
MEASURING THE PERSONALITY CHARACTERISTICS OF
AUTONOMY, INFERIORITY AND INTIMACY

Chapter 1

Introduction

Statement of the Problem

Is there a difference between adult children of alcoholics and adult children of non-alcoholics for the personality characteristics of autonomy, inferiority and intimacy?

Justification for Study

The purpose of this study was to investigate how adult children of alcoholics differ from adult children of non-alcoholics when measured on the personality characteristics of autonomy, inferiority and intimacy.

Counselors need to be able to identify and assist children of alcoholics, since current estimates indicate that 34 million children of alcoholics live in the United States (Black, 1986). Both empirical and clinical studies have generally supported the hypothesis that living with an alcoholic parent has an adverse effect on the personality development of children under the age of 18. Recently, there has been an increased interest in

children of alcoholics in the scholarly and popular press (Goodman, 1987). Even with all of the interest surrounding these issues, there has been very little empirical research specifically on the personality characteristics of children of alcoholics.

Although literature on children of alcoholics has existed for some time, a self-help book by Woititz (1983) seems to have had a significant impact on "the growth of the adult children of alcoholics treatment industry" (Seefeldt & Lyon, 1990). In her book, Woititz describes 13 characteristics of adult children of alcoholics. Like Freud, her descriptions of personality characteristics were apparently based on case studies and clinical impressions.

The literature reveals that adult children of alcoholics may have counseling issues. Adult children of alcoholics often have difficulties with problem solving and developing intimacy in close relationships because they lack positive role models (Anonymous, 1988). Several early studies report that children of alcoholics have lower self-esteem and are more external in terms of locus of control than children of non-alcoholic parents (Callan & Jackson, 1986; Churchill, Broida & Nicholson, 1990). Adult children of alcoholics also show high rates

of compulsive and addictive behaviors (Chambliss & Hassinger, 1990; Cloninger, 1987). Moreover, they often learn to tolerate intolerable situations by repressing or denying emotional pain.

At best, family life is inconsistent for children of alcoholics. There may be harmonious periods, but generally the atmosphere is disruptive, with role confusion and constant stresses (Edwards & Zander, 1985). Unfortunately, the disease of alcoholism can turn the most loving parents into people who are unpredictable, unreliable and emotionally unavailable. This disease causes problems for every member of the family, with often the greatest impact on the youngest family members.

The major developmental tasks of children and adolescents may be impacted by a parent's alcoholism. An infant may have difficulty achieving trust, if its primary caretaker responds inconsistently or insensitively to the infant because he or she is absorbed by alcohol or the alcoholic. Toddlers need to develop a sense of autonomy within limits set by the parents. However, autonomy may not be achieved because parental intoxication may leave the toddler without the safety of appropriate control. Pre-adolescents need to feel a sense of accomplishment and receive the praise from their parents for goal-directed behavior. However, the lack of

parental involvement by the alcoholic parent or co-alcoholic parent (spouse of the alcoholic) may produce feelings of inferiority in the preadolescent. If developmental tasks are not accomplished, children may attempt to cope with the alcoholic family system by living out a role.

The alcoholic family system may impact negatively on some children, but not all children from alcoholic homes are troubled. These children are labeled resilient. Stark (1987) reports in one study over half of the children of alcoholics were resilient. These findings would indicate that not all children of alcoholics experience developmental delays. However, children of alcoholics often experience parental inconsistencies, double-bind messages, hidden feelings, incomplete information, shame, uncertainty, mistrust and roles that hinder development. Additional research is needed to clarify the impact of the alcoholic family system on children.

Theoretical Rationale

Erik H. Erikson (1950, 1964, 1968, 1976, 1982) proposed that healthy personality development requires children to master age-specific psychosocial crises. The psychological and emotional problems that occur in

adulthood are tied to the specific psychosocial crises left unresolved during earlier stages of development (Sher, 1991, p. 158). Erikson believes that at each stage of development a particular conflict must be resolved in a positive manner. The success or failure of this resolution will affect the handling of conflicts at future stages. Each successive stage functions as the building material for future stages.

Erikson (1950, 1968, 1976, 1982) postulated that life experiences could be divided into eight specific developmental stages. These stages of development are: 1) Basic Trust versus Basic Mistrust; 2) Autonomy versus Shame and Doubt; 3) Initiative versus Guilt; 4) Industry versus Inferiority; 5) Identity versus Identity Confusion; 6) Intimacy versus Isolation; 7) Generativity versus Stagnation; and 8) Integrity versus Despair. The first five stages of development encompass childhood and adolescence. The final three stages focus on adult development. Every person has specific tasks to complete in each developmental stage.

In the first stage, Erikson (1950, 1964, 1982) views trust as the vital element of the personality. The formation of trust begins at birth and is crucial during the first year of life. Infants achieve trust through experiencing consistent, nurturing relations with their

parents. Erikson (1950, p. 249) stated "the amount of trust derived from earliest infantile experience does not seem to depend on absolute quantities of food or demonstrations of love, but rather on the quality of the maternal relationship." He went on to theorize that biological motherhood needs at least three links with social experience. According to Erikson (1964, p. 116) this includes "the mother's past experiences of being mothered; a conception of motherhood shared with trustworthy contemporary surroundings; and an all-enveloping world-image tying past, present and future into a convincing pattern of providence." Through experiences with adults the infant learns to rely on them and trust them; but even more importantly the infant learns to trust itself. Through this process the infant also learns mistrust. Both trust and mistrust are essential for human development. The proper ratio of trust and mistrust results in the formation of hope. The infant develops a healthy sense of hope, trust and mistrust through a relationship with a trustworthy maternal parent who recognizes the child. Lack of recognition can cause a sense of separation and abandonment.

During the second stage, autonomy versus shame and doubt, the child must obtain a sense of autonomy within

the secure parameters of parental control. The child finds itself in a double bind situation as it strives for new and more activity-oriented experiences. There is a demand for self-control and a demand for the acceptance of control from others in the environment. According to Erikson (1950, p. 254) this stage becomes decisive for the ratio of love and hate, cooperation and willfulness, freedom of self-expression and its suppression. If the child experiences a sense of self-control without a loss of self-esteem, it may develop a lasting sense of good will and pride. However, from a sense of loss of self-control and paternal overcontrol come a lasting propensity for doubt and shame.

The third stage, initiative versus guilt, according to Erikson (1950, 1964) is an age of expanding mastery and responsibility. The child is ready to learn quickly and avidly, eager and able to make things cooperatively with other children (1950, p. 258). The child may overmanipulate itself. However, the child may gradually develop a sense of moral responsibility. The child must also begin to distinguish reality from fantasy. At this stage, some of the wildest fantasies and some of the fondest hopes are repressed and inhibited (1950, p. 257). This results in self-righteousness. In addition, the conscience is developed, a consistent inner voice which

delineates permissible action and thought. Purpose ascends in this stage. The child's major activity is playing. Purpose results from playing, explorations, attempts and failures and experimentations with toys. "Purpose, then, is the courage to envisage and pursue valued goals uninhibited by the defeat of infantile fantasies, by guilt and by the foiling fear of punishment." (Erikson, 1964, p. 122).

During the fourth stage, industry versus inferiority, the child must forget past hopes and wishes, and settle down to formal education (Erikson, 1964). The child develops a sense of industry and learns the rewards of perseverance and diligence. A sense of competence is achieved. The child learns to work and complete tasks. Erikson (1964, p. 124) states, "competence, then, is the free exercise of dexterity and intelligence in the completion of tasks, unimpaired by infantile inferiority." For many children development is disrupted when family life has failed to prepare them for school life, or when school life fails to sustain the promises of earlier stages (Erikson, 1950, p. 260).

In the fifth stage, identity versus identity confusion, the adolescent begins to feel a sense of identity, a feeling of being a unique human being, prepared to fit into some meaningful role in society

(Erikson, 1977, p. 106). The process of identity formation depends on the interplay of the adolescent's self-concept at the end of childhood and the affirmation the adolescent receives from significant others. Adolescents "can become remarkably clannish, intolerant, and cruel in their exclusion of others who are different . . . such intolerance may be, for a while, a necessary defense against a sense of identity loss" (Erikson, 1968, p. 132). In adolescence the virtue of fidelity develops. "Fidelity is the ability to sustain loyalties freely pledged in spite of the inevitable contradictions of value systems" (Erikson, 1964, p. 125). Fidelity is the cornerstone of identity. With a strong sense of fidelity, the adolescent confirms ideologies and affirms companions.

In the sixth stage, intimacy versus isolation, the young adult is prepared and willing to unite identity with others (Erikson, 1964). The young adult will seek relationships of intimacy, partnerships and affiliations and is willing to make sacrifices and compromises to maintain commitments to these relationships. The virtue of love comes into being with the development of intimacy. "Love, then, is mutuality of devotion forever subduing the antagonisms inherent in divided function" (Erikson, 1964, p. 131).

The seventh stage, generativity versus stagnation, is characterized by what is generated: children, products and ideas (Erikson, 1950). Also in this stage the adult establishes guidelines for future generations. In this stage the adult exercises productivity and creativity. The virtue of care develops during this stage. Care is a concern for others. Care is an expressed willingness to share one's knowledge and experience with those in need of help.

The eighth stage, integrity versus despair, is defined by Erikson (1950, p. 268).

It is the ego's accrued assurance
its proclivity for order and meaning.
It is a post-narcissistic love of the
human ego - not of the self - as an
experience which conveys some world
order and spiritual sense, no
matter how dearly paid for . . .
It is the acceptance of one's one
and only life cycle as something
that had to be and that, by necessity,
permitted of no substitutions.

Wisdom is the virtue that develops in this stage.

"Wisdom, then, is detached concern with life itself, in the face of death itself" (Erikson, 1964, p. 133).

Definition of Terms

The following definition of terms should be of benefit in clarifying some of the major constructs of this study:

Adult Children of Alcoholics - Individuals at least age 21 who were parented as children by someone with the disease of alcoholism and as identified by a score of 6 or greater on the Children of Alcoholics Screening Test.

Adult Children of Non-Alcoholics - Individuals at least age 21 who were not parented as children by someone with the disease of alcoholism and as identified by a score less than 6 on the Children of Alcoholics Screening Test.

Autonomy - To act independently of others or of social values and expectations.

Inferiority - To express excessive feelings of self-criticism, guilt or social impotence.

Intimacy - Ability to develop meaningful, warm interpersonal relationships with other human beings.

Research Hypotheses

Hypothesis #1

The self-description of adult children of alcoholics will reflect less autonomy when compared to the

self-description of adult children of non-alcoholics.

Hypothesis #2

The self-description of adult children of alcoholics will reflect more inferiority when compared to the self-description of adult children of non-alcoholics.

Hypothesis #3

The self-description of adult children of alcoholics will reflect less capacity for intimacy when compared to the self-description of adult children of non-alcoholics.

Sample Description and General Data Gathering Procedures

The target population for this study was adults over the age of 21 who reside in Southeastern Virginia and work for the Newport News Public Schools. The sample consisted of 130 adult volunteers.

This was a descriptive study, no "treatment" per se was given.

Each study participant was asked to:

- 1) Complete The Adjective Check List (Real).
- 2) Complete the Personal Orientation Inventory.
- 3) Complete the Children of Alcoholics Screening Test.
- 4) Complete The Personal History Questionnaire.

Limitations of Study

Since the instruments used in this study were largely self-report, there may be some question as to the subjects' objectivity in answering items relating to themselves.

All participants in this study were volunteers. This raises the possibility of a biased sample since volunteers have been found to be different from non-volunteers.

No special considerations or adjustments were made for the demographic variables of gender, level of education, ethnic background, or family of origin system. The sample was predominantly female, college educated, caucasian, from nuclear families. This may limit the generalization of results.

Chapter 2

Review of the Literature

Historical and Theoretical Development

Erik H. Erikson's first six stages of psychosocial development have been the focus of numerous studies of children and adolescents (Darling-Fisher & Leidy, 1988). Both therapists and applied researchers have found Erikson's theory useful for therapy and model building (Gray, Ispa & Thornburg, 1986). His theory of personality has made a major contribution to the understanding of the self's development over a series of stages (Hamachek, 1988). Many counselors have used Erikson's theory to identify strengths and weaknesses in the self's development of their clients. However, "Erikson's total contribution has not been recognized, perhaps because of his tendency to embed his major conceptions and propositions in figurative prose, making it difficult for the casual reader to fully appreciate his insights" (Cote & Levine, 1987). Erikson's work is still very popular with theoreticians, researchers and clinicians. Many of these professionals continue to cite

Erikson's work without having a full understanding of its overall structure and unity. And in discussing Erikson's work "it is often necessary to draw his concepts together and to state explicitly what he leaves implicit" (Cote & Levine, 1987, p. 273).

There has been very little research describing Erikson's eight developmental stages in adults (Darling-Fisher & Leidy, 1988). This may be because of the scarcity of reliable and valid instruments to measure and test Erikson's theory in the adult population. Gray, Ispa and Thornburg (1986) state that an assessment instrument is needed for clinical intervention and for research. Much of the research on Erikson's model has utilized clinical samples. Often educators and therapists have used case examples to portray the model. In addition to the lack of valid instruments, the lack of precise definitions for Erikson's constructs has confounded the meaningful comparison of measurements (Caillet & Michael, 1983). Lack of precise construct definitions has made it difficult to compare different instruments and subscales intended to represent the same construct (e.g., a stage crisis, identity versus identity diffusion). According to Hamachek (1988) there is an ambiguity about what behaviors to look for during any particular Eriksonian stage. "Most of Erikson's

conclusions are based on highly personal and subjective interpretations that lack the hard empirical data necessary to support intuitions about their correctness" (p. 360).

In addition to lack of research on the eight developmental stages in adults, Erikson's treatment of the content of the adult stages seems to be incomplete (Franz & White, 1985). Erikson gave more attention to stage 1, basic trust versus basic mistrust, and to stage 5, identity versus identity confusion, than to the other six stages combined (Hamachek, 1983).

Erikson emphasizes that adult development takes place within an expanding network of significant persons; however, his theory does not address various forms of interpersonal connectedness or attachments (Franz & White, 1985). Erikson tends to focus on the individuals' attachment to the "institutions" of the family, school and society and not to individuals. Erikson does not adequately convey the rational aspects of attachment. Because of this neglect of attachment issues, Erikson's framework does not provide insight on how the individual moves from the dependency of the basic trust versus basic mistrust stage to the mature interdependence of the intimacy stage (p. 234). Additionally, Erikson's theory has been presented as a series of isolated crises

resolutions (Meacham and Santilli, 1982). There is a need to develop constructs to present the transitions between psychosocial stages (p. 1461). This is needed because of the lack of specification in Erikson's theory of interstage or between-stage relationships.

Even though Erikson's theory does not address various forms of interpersonal connectedness or attachments, interpersonal attachment is essential to the development of both males and females (Franz & White, 1985). Erikson does not fully account for gender differences in the development of intimacy or other expressions of interpersonal attachment (p. 224). Although males and females are similar in many ways, it may be useful to explore women's identity separately from men's identity. Craig-Bray, Adams and Dobson (1988) noted that "numerous complex sex differences were observed with several interactions between gender, exploration, commitment and intimacy context" (p. 173-4). Archart and Smith (1990) also indicated that identity formation is context dependent.

Critique

Erik H. Erikson's eight stages of psychosocial development are widely accepted; however, there has been very little research describing adults. Moreover, there is a lack of reliable and valid instruments to measure

and test Eriksonian development in the adult population. Much of the current research has utilized clinical samples. Even though Erikson emphasizes that development occurs within an expanding network of significant persons, he does not address various forms of interpersonal connectedness.

Eriksonian theory is very popular with theoreticians, researchers and clinicians; however, it lacks structure and unity. Erikson has the tendency to use figurative language and does not give precise definitions of his theoretical constructs. Often the reader must decipher ambiguous prose. There is a need for research to state explicitly what Erikson has left implicit.

The research describing the Eriksonian stages of development in adults is inadequate. Much of the research on adults has used a clinical sample. There is a need for research using a non-clinical sample. Moreover, some of the current Eriksonian research has not used valid and reliable measures of personality development. There continues to be a need for additional empirical data to support Eriksonian constructs.

Even though Erikson's treatment of the content of the adult stages of development seems incomplete, he focused more attention to stage 1, Basic Trust versus

Basic Mistrust, and to stage 5, Identity versus Identity Confusion, than to the other six stages combined. Erikson emphasizes that adult development takes place within an expanding network of significance; however, his theory does not address various forms of interpersonal connectedness or attachment. There is a need for additional research on stage 2, Autonomy versus Shame and Doubt; Stage 4, Industry versus Inferiority; and Stage 6, Intimacy versus Isolation.

Descriptive Topics

Autonomy

Autonomy is a psychological construct used in the theory of personality development. In the development of autonomy there is a delicate balance needed between cooperation and willfulness (Ackerman, 1983; Stevens, 1983). The secure parameters of parental control will provide the environment needed as the child develops a mature sense of autonomy (Wilson, 1989). If the child is not able to develop a sense of autonomy, a self-concept of inadequacy and shame may result (Ackerman, 1983).

Although Erikson originally thought that autonomy developed during childhood; it's development during adolescence is also important (Anderson & Sabatelli, 1990; Deci & Ryan, 1985; Robins, Block & Peselow, 1989).

Anderson and Sabatelli (1990) indicate that autonomy is developed over a lifetime. They raised the issue that while autonomy is needed for adequate personality development, the behaviors and attitudes of autonomy exercised in the extreme can be dysfunctional. Some individuals with extremely high autonomous behaviors may cut themselves off from appropriate interactions with others. There is a critical difference between mature autonomy and cutoff reactivity. However, "Highly autonomous individuals are very concerned about the possibility of personal failure and often act in order to maximize their control over the environment, thereby reducing the probability of failure" (Robins, Block & Peselow, 1989). The individual with a maturely developed sense of autonomy will be able to balance the needs for independence and interdependence.

Many studies on the measurement of autonomy have been completed (Berkowitz & Perkins, 1989; Caillet & Michael, 1983; Darling-Fisher & Leidy, 1988; Robins, Block & Peselow, 1989). In a study of 860 young college students, Berkowitz and Perkins found that on the measure of autonomy there was greater independence/autonomy reported by male children of alcoholics than children of non-alcoholic parents. Six items from the Children of Alcoholics Screening Test were used to identify children

of alcoholics and children of non-alcoholics. The greater independence/autonomy reported by male children of alcoholics may reflect the need to be independent due to ambivalence about relying on others. The measured independence/autonomy in females was not found to be statistically significant between female children of alcoholics and children of non-alcoholic parents.

Robin, Block and Peselow (1989) report that in their study of 80 psychiatric patients, they found no support for the predicted relation of autonomous personality characteristics to specific symptoms. They go on to state that Beck may have been incorrect about which particular symptoms, if any, are related to autonomy. These findings of Robin, et al. need to be replicated.

Craig and Olson (1988) used the Adjective Check List (ACL) to study the need for autonomy of 116 drug addicts in treatment at a Veterans' Administration facility. They found that the 22 program drop outs had higher needs for autonomy and aggression and low needs for deference, nurturance and affiliation than the 94 program completers. Gray, Ispa and Thornburg (1986) factor analyzed the Erikson Psychological Inventory (EPSI) with 534 freshmen and sophomores. They found that the items representing Erikson's first two factors, trust and autonomy, were dispersed across a new set of factors

which they labeled initiative, industry and identity, friendship, dating, goal clarity and self-confidence. It was concluded that for the late adolescent college population that the first two Eriksonian psychosocial crises have probably been successfully resolved.

Critique

Erikson's construct of autonomy is accepted by both researchers and clinicians. The need for autonomy is also recognized by many personality theorists. However, the research on the characteristics of autonomy within the adult population is inadequate, inconclusive and is often completed with clinical or university samples. (Berkowitz & Perkins, 1988; Gray, Ispa & Thornburg, 1986; Robins, Block & Peselow, 1989). There is a need for additional research on the construct of autonomy using an adult non-clinical population. The current study measured the construct of autonomy using a non-clinical adult population.

Several researchers indicated that autonomy develops beyond childhood (Anderson & Sabatelli, 1990; Deci & Ryan, 1985; Robins, Block & Peselow, 1989). Erikson originally postulated that autonomy issues were resolved in childhood. Some studies indicate that the issues of autonomy may be resolved in late adolescence. Because these issues are often resolved in adolescence, research

on autonomy should use adult subjects. The current study measured autonomy in adult subjects.

There is a difference between Erikson's original view and current findings on the age of resolution of the autonomy crisis. This would indicate that there is additional need for studies that measure adult autonomy levels.

Two research groups (Anderson & Sabatelli, 1990; Craig & Olson, 1988) indicated that extremely high levels of autonomy may indicate dysfunction rather than function. Another indication of this may be confirmed by the work of Berkowitz and Perkins (1988). They found that college-age male children of alcoholics score significantly higher than children of non-alcoholic parents on a measure of autonomy. There is clearly a need for additional research to determine if there is a difference in the autonomy levels of children of alcoholics and children of non-alcoholics. The current study measured the level of autonomy in both children of alcoholics and children of non-alcoholics.

Inferiority

Many of the constructs in current applications of psychology have their foundation in an old, more fundamental construct: the feeling of inferiority

(Dixon & Strano, 1989). Hamachek (1988) has expanded and added precision to the concept of inferiority.

If individuals do not learn to be productive then they will feel a sense of inferiority (Massey, 1986). Hunt (1982, p. 164) stated "those children who fail are considered inferior." Massey (1986, p. 70) was less blunt when he said, "The school-age child feels either industrious (high in self-esteem) by knowing, by making, and by doing well, or inferior (low in self-esteem) by failing to accomplish valued tasks and goals." However, the failure to advance through any psychosocial stage leaves a maladjustment that may be experienced as an inferiority feeling and/or give rise to attitudes and behaviors that others may perceive as handicapping social relations and self-enhancement. Massey (1986) states that identity requires encouragement from a favorable environment. This encouragement must come from a social system that nurtures the growing capacities of the developing individual. However, "these emerging capacities remain vulnerable to setbacks, defeats, and failures that may leave feelings of inferiority and possibly lead to maladjustment in future identity development" (p. 70).

Dixon and Strano (1989) stress the comparative nature of the inferiority feeling. For many individuals,

the perceived inferiority is a comparison of the real versus the ideal self to include physical characteristics. Additionally, an individual may see a discrepancy between self-concept and his or her social involvement. Moreover, the individual may see a discrepancy between self-concept and his or her moral code. The feeling of inferiority may result in part by the individual's assumption of being inferior, physically, socially, or in comparison to his or her own goals and standards.

Even though much has been written about the importance school achievement plays in identity development, Pickor and Tori (1986) found that learning disabled students did not have a lower overall self-concept than their peers. In this study, the Erikson Psychosocial Stage Inventory, the Piers-Harris children's self-concept scale, the Delinquency Checklist and demographic questionnaire were completed for 86 adolescents. The researchers compared 31 learning disabled students with 47 non-disabled students on the measures for inferiority and self-concept. Pickor and Tori reported that learning disabled students were unable to develop a sense of industry and competence. These students did feel inferior in academic areas; however, their self-concepts were not significantly different than

their academically skilled peers.

All too many times the measurement of a feeling of inferiority relies on various self-concept scales. An error is made by researchers using these measuring tools, there is a subtle, but nevertheless important, distinction between the inferiority feeling and self-concept (Dixion & Strano, 1989). There has been very little empirical research on the construct, feeling of inferiority (Caillet & Michael, 1983; Dixion & Strano, 1989). Dixion and Strano (1989) stated that the attempts to measure the construct of inferiority have been inadequate. They stated that there is a need for a valid measure of inferiority. This measure needs to be independent from the measures of self-concept and self-esteem.

Critique

The feeling of inferiority is an important construct in individual psychology; however, it remains ill defined, inadequately measured and when measured, confused with self-concept and self-esteem (Caillet & Michael, 1983; Dixion & Strano, 1989). There is a need to study the construct of inferiority in the adult population on valid and reliable measures.

Hamachek (1985, 1988) has been able to expand and add precision to the Eriksonian construct of inferiority.

However, Hamachek's work is aimed at the practicing counselor. In the clinical setting the counselor will be able to operationalize Hamachek's expressions of inferiority. These characteristic behaviors of people who have a sense of inferiority should prove valuable to the clinician. However, there is still a need to define and measure the construct feeling of inferiority precisely. There is need for empirical data to support the clinical observations made by Hamachek.

There is little empirical research on the construct, feeling of inferiority (Caillet & Michael, 1983; Dixon & Strano, 1989). Many of the attempts to measure inferiority have been inadequate (Dixon and Strano, 1989). There is a need for research that uses valid and reliable scales to measure the construct.

When the construct of inferiority has been measured (Dixon and Strano, 1989) it has often been interwoven with the concepts of self-concept and self-esteem.

There is a need for research that emphasizes the measure of inferiority independent of other measures of personality development. This study measured the construct of inferiority independently from other measures of personality development. Valid and reliable scales were used to measure the construct of inferiority.

Intimacy

Individuals who have difficulty with intimacy issues have difficulty managing closeness/dependency in relationships (Sher, 1991). Intimacy issues are difficult for many children of alcoholics (Ackerman, 1983). The issues related to intimacy have been researched with several populations (Caillet & Michael, 1983; Cutter & Cutter, 1987; Hyman & Woog, 1987; McAdams & Constantian, 1983).

Hyman and Woog (1987) studied 92 women to determine their need for interdependence versus independence. The construct of independence included autonomy and separateness. While interdependence included intimacy, connection and communion, Hyman and Woog postulated that adults have needs for intimacy, love and nurturance, as well as the complementary need for selfhood and autonomy. The researchers went on to subdivide intimacy into physical, emotional and intellectual components. The Life Priorities Q-Sort (LPQ) was developed to measure the constructs of interdependence and independence. Hyman and Woog hypothesized higher independence needs and lower interdependence needs for post-midlife women than for pre-midlife women. Additionally, they hypothesized that single women would have higher independence and lower interdependence needs than married women. The two

hypotheses regarding age and marital status were tested by means of two ANOVAs, one for the Interdependence subscore and one for the Independence subscore. The n of each group tested, single under 35, married under 35, married 35 or over, and single 35 and over, was less than 18. The results of the LPQ given to 50 women, in the nursing profession, indicated that older and single women are more independent than younger and married women.

McAdams and Constantian (1983) used an experience-sampling procedure with 50 university students to study intimacy and affiliation motives. All 50 subjects were given the Thematic Appreciation Test (TAT) and a questionnaire. Then each subject participated in a week-long project by wearing electronic pagers and responding to pagers by completing forms concerning thought, behavior and affect when paged. The subjects ranged in age from 16 to 31 years. The younger subjects were primarily high school students participating in Harvard's summer school program. Each subject was paid \$19 for participating in the study. The range of student responses to the 49 possible pages was 23 (47%) to 48 (98%). The findings indicated that the subjects' intimacy motivation revealed more a) interpersonal thoughts and b) positive affect in interpersonal situations than did subjects low in intimacy. Intimacy

motivation was negatively associated with expressed wishes to be alone when interacting with others. Affiliation motivation was positively associated with expressed wishes to be interacting with others when alone.

Cutter and Cutter (1987, p. 28) stated that children of alcoholics "exhibit low self-esteem, excessive feelings of responsibility, difficulties reaching out, depression and the increased likelihood of alcoholism." The researchers examined how children of alcoholics discussed their experiences in an Al-Anon group. C. C. Cutter attended one open "adult children's" Al-Anon chapter over 12 consecutive sessions, each of which lasted 1.5 hours. A sample of 14 Al-Anon members provided background about Al-Anon and perspective on dilemmas posed by observational material. Al-Anon members were interviewed and a coding system was developed to assess the content of the meetings. The findings indicated the topics discussed in the Al-Anon meetings were: 1) depression/ fear and problems with coping (24%); 2) problems expressing feelings and being assertive (21%); 3) alcoholism-related problems (17%); 4) feelings of responsibility for others and feeling "driven" (16%); 5) problems in relationships with other alcoholics (9%); 7) problems with intimacy and closeness

(4%); and 8) problems working the program (4%). This study indicated that children of alcoholics may have difficulty with intimacy issues.

Critique

The construct of intimacy has been defined and operationalized by clinicians, researchers and theorists (Amidon, Kumar & Treadwell, 1983; Gravitz & Bowden, 1985; Hyman & Woog, 1987; McAdams & Constantian, 1983; Sher, 1991). Even though the construct is a basis for much of the work done in counseling, there is still very little empirical research to validate the construct of intimacy. There is a need for empirical research with an adult population because issues of intimacy are often not resolved until early adulthood. Clearly there is a need to establish construct validity of measures of intimacy with an adult population.

Ackerman (1983) stated that children of alcoholics have difficulties with intimacy issues but does not provide empirical evidence to support his assertions. Cutter and Cutter (1987) determined that a limited number of adult children of alcoholics have difficulties with intimacy issues. These findings were based on a 12-week observation of one "adult children's" Al-Anon meeting. Cutter and Cutter used a sample size of fourteen. C. C. Cutter had to dictate her perceptions after the Al-Anon

meeting because recording and note-taking are not permitted in the meeting. There is a need for additional research with a larger sample size, to determine if children of alcoholics have intimacy issues that differ from the adult population as a whole. This research should be empirically based and use a valid and reliable instrument, not observation, to define differences in intimacy resolution for children of alcoholics versus children of non-alcoholics. The current study expanded on the work started by Cutter and Cutter using a valid and reliable instrument.

Hyman and Woog (1987) indicated that the constructs of inter-dependence (intimacy) and independence (autonomy) were valid for a population of adult females in the nursing profession, as well as many college students. The constructs of intimacy and autonomy were measured in this study to determine if the same pattern found by Hyman and Woog for nurses will hold true for a population of adults in the field of education. McAdams and Constantian (1983) researched the concept of intimacy with 50 university students. There is a need for additional research with a sample that is not primarily college or university students. In addition, the response rate to the electronic pagers was low for some students. The current study used paper and pencil

instruments to measure the construct of intimacy. An adult population of educators, not university students, was measured.

Population

Although research on children of alcoholics has existed for some time, a self-help book by Woititz (1983) seems to have had a significant impact on "the growth of the adult children of alcoholics treatment industry" (Seefeldt & Lyon, 1990). In her book, Woititz describes 13 characteristics of adult children of alcoholics. Like Freud, her descriptions of personality characteristics were apparently based on case studies and clinical impressions.

Chambliss and Hassinger (1990) studied 103 students to determine if a nonclinical college sample of adult children of alcoholics would have higher scores than children of non-alcoholics on a new measure, Adult Children of Alcoholics Test (ACOAT), based on the characteristics proposed by Woititz. Of the 103 students who completed the ACOAT, only 9 subjects identified themselves as adult children of alcoholics. One could question the power of the test with a reported n of 9. The items on the original ACOAT did not discriminate between adult children of alcoholics and adult children

of non-alcoholics, regardless of whether their status was determined by the recollection of parental alcohol use or self labeling.

Seefeldt and Lyon (1990) also questioned the validity of Woititz's description of adult children of alcoholics. They studied 147 college students. The Personality Research Form, Jackson Personality Inventory, Imposter Phenomenon Scale and Questionnaire developed by Seefeldt and Lyon were completed by each student. In this study, 54 subjects identified themselves as adult children of alcoholics, while 93 identified themselves as adult children of non-alcoholics. There were no significant differences found between the adult children of non-alcoholics and adult children of alcoholics groups on any of the variables examined.

Calder and Kostyniuk (1989) compared 62 children of alcoholics (aged 6-16) with the norm population on the Personality Inventory for Children. The results of the study indicated that children of alcoholics as a group had statistically elevated scores on most Personality Inventory for Children scales. These elevations were particularly high on the Family Relations, Withdrawal, Depression and Delinquency scales. However, approximately half of the children did not have any clinically elevated scores on the Personality Inventory

for Children. Although the children of alcoholics were overrepresented (4:1) in the clinical range, the vast majority of children of alcoholics had scale scores in the normal range.

Berkowitz and Perkins (1988) compared the personality characteristics of college-age children of alcoholics with those of their peers. They examined the extent to which personality differences are gender specific and are related to the gender of the alcoholic parent. Eight hundred and sixty (860) students completed questionnaires anonymously, which included measures of impulsiveness, self-depreciation, lack of tension, independence/autonomy, need for support, directiveness, sociability and otherdirectedness. In this study, self-identified children of alcoholics were more often similar to than different from their peers. The children of alcoholics differed from their peers only on the measures of self-depreciation and independence/autonomy. Female children of alcoholics reported greater self-depreciation than their female peers, and male children of alcoholics reported significantly greater independence/autonomy and slightly more self-depreciation than did their male peers. Berkowitz and Perkins (1988, p. 209) state that "Children of alcoholics exhibit a surprising amount of resilience as suggested by their similarity to children

of non-alcoholics on most personality measures."

Churchill, Broida and Nicholson (1990) administered the Rotter Internal/External Locus of Control Scale, the self-esteem scale from the Jackson Personality Inventory and the Children of Alcoholics Screening Test to 497 college students. They did not find any significant relationship between parental alcoholism and either locus of control or self-esteem.

Adult children of alcoholics often have difficulties with problem solving and developing intimacy in close relationships because they lack positive role models (Anonymous, 1988). Several early studies report that children of alcoholics have lower self-esteem and are more external in terms of locus of control than their children of non-alcoholics peers (Callan & Jackson, 1986; Churchill, Broida & Nicholson, 1990). These early findings are not supported by later research. Adult children of alcoholics also show high rates of compulsive and addictive behaviors (Chambliss & Hassinger, 1990; Cloninger, 1987).

According to Sher (1991) children of alcoholics have psychological and emotional problems in adulthood tied to specific psychosocial crises left unresolved during development. Children of alcoholics may have difficulty tolerating intimacy, have confusion over locus of control

and experience unsuccessful differentiation of self. Ackerman (1983) stated that children of alcoholics may not be able to develop sufficient autonomy, resulting in a self-concept of inadequacy and shame. They may develop a sense of inferiority because of poor performance in school. Wilson (1989) in an overview of characteristics of adult children of alcoholics included: self-devaluing, self-hatred, intimacy problems and over-dependence.

Bradley and Schneider (1990) studied the personality differences between 39 adult children of alcoholics and 28 control subjects. They measured self-disclosure, trust and control. All subjects were given the Children of Alcoholics Screening Test (CAST), The Children of Alcoholics Life Events Schedule, Interpersonal Trust Scale and Jourard Self-Disclosure Questionnaire. The results of the measures indicated that children of alcoholics had a higher need for interpersonal control, but did not differ from the control group in areas of trust or self-disclosure.

Werner and Broida (1991) studied self-esteem and locus of control in 195 professional adults. They found that parental alcoholism was not a predictor of significant differences in adult self-esteem or locus of control. However, familial dysfunction was reflected in

significant differences in self-esteem. This study indicates that parental alcoholism does not necessarily result in personality differences in adult children.

Tweed and Ryff (1991) investigated the psychological adjustment of adult children of alcoholics. Their sample included 114 adult children of alcoholics and 125 socio-demographically comparable adults from non-alcoholic family environments. All subjects completed a self-report instrument that included measures of psychological well-being, emotional distress, personality characteristics and psychological development. The results indicated that the children of alcoholics did not differ from the controls on most measures. However, the children of alcoholics did score significantly higher on measures of anxiety and depression than the control group.

Stark (1987) reports in one study over half of the children of alcoholics were resilient. Research indicated that almost three-quarters of the resilient children were female. It was also found that only one resilient child in this study had an alcoholic mother. Moreover, resilient children received large amounts of attention from their primary caretakers during their first year of life. These findings would indicate that not all children of alcoholics experience developmental

delays. Additional research is needed to clarify the impact of the alcoholic family system on children.

Critique

Several empirical studies report no significant differences between children of alcoholics and children of non-alcoholics (Chambliss & Hassinger, 1990; Churchill, et al. 1990; Seefeldt & Lyon, 1990). Other empirical studies indicate that there are differences in personality characteristics of children of alcoholics and children of non-alcoholics (Berkowitz & Perkins, 1989; Chandler & Kostyniuk, 1989). Chambliss and Hassinger (1990) used the Adult Children of Alcoholics Test (ACOAT). The items on the original ACOAT did not discriminate between adult children of alcoholics and adult children of non-alcoholics, regardless of whether their status was determined by recollection of parental alcohol use or self labelling. The current study also asked subjects to recall parental alcohol use. However, the ACOAT was not used. The Children of Alcoholics Screening Test was used instead. A sample size of 130 was obtained. Due to inconsistencies in the literature, additional research is needed on the specific personality characteristics of children of alcoholics. The current study is more definitive.

In addition to differences in empirical findings, clinicians differ in perceptions of the personality characteristics of children of alcoholics (Ackerman, 1983; Goodman, 1987; Hibbard, 1987; Sher, 1991; Wilson, 1989; Woititz, 1983). Ackerman, Sher and Wilson stated that children of alcoholics have difficulty in resolving Eriksonian psychosocial stage crises. Moreover, the literature indicated that there are many resilient children of alcoholics. There is a need to determine if children of alcoholics do differ from children of non-alcoholic parents in the resolution of Eriksonian psychosocial stage crises. The question of resiliency needs further study. The current study compares measures of autonomy, intimacy and inferiority in children of alcoholics and children of non-alcoholics.

Much of the research completed on children of alcoholics has been completed on children ages 6-18 or college-age students. Much of this research has included clinical or university student populations. However, Werner and Broida (1991) measured an adult professional population. Additional research should be completed with adults who are beyond the typical college-age group (18-22 years old). This research with adults should reflect a non-clinical population. The current study measured an adult professional non-clinical population of children of

alcoholics and children of non-alcoholics.

The Chambliss and Hassinger (1990) study used an insufficient sample size. Tweed and Ryff (1991) used a sufficient sample size when they investigated the psychological adjustment of adult children of alcoholics. The current study used a sufficient sample size but did not measure the same characteristics measured by Tweed and Ryff.

Chapter 3

Collection of Data

Sample Population

The subjects for this study included approximately 130 adult volunteers from the employees of the Newport News Public Schools. All subjects were fully informed of the purpose and procedure of the study. The right of any subject to participate or withdraw in full or in part at any time was guaranteed.

Data Gathering

The subjects completed the materials set individually. Subjects continued to be randomly selected until the sample size of more than 100 was achieved.

Each subject was asked to complete the Adjective Check List (Real form), the Personal Orientation Inventory, the Children of Alcoholics Screening Test and The Personal History Questionnaire. The subjects were asked to complete the Adjective Check List first, followed by the Personal Orientation Inventory. The third instrument to be completed was the Children of

Alcoholics Screening Test. The final form completed was The Personal History Questionnaire. All materials given to the subject were coded with a 3 digit number. All subjects' individual test results were held confidentially. Only the material set assigned numbers to each data set were used in data analysis. All materials sent to the subject were distributed through the courier system of the Newport News Public Schools. The materials returned to the researcher did not include the subject's name. At no time was the completed material set associated with the subject's name. The subjects' names remained unknown to the researcher. These precautions were taken to ensure the anonymity of the subjects.

Instrumentation

The Adjective Check List (ACL):

The Adjective Check List (ACL) is a self-report inventory which contains 300 adjectives and adjectival phrases commonly used to describe a person's attributes (Gough & Heilbrun, 1983). The ACL was first developed by Gough and then later modified by Heilbrun to include rational scales based on Murray's need-press system (Broughton, 1984). The attributes measured by the ACL include: 15 Need Scales, reflecting some of Murray's needs; 9 Topical Scales, measuring dimensions relevant to

various research projects; 5 Transactional Analysis Scales, reflecting five ego states or functions recognized in transactional analysis; and 4 Origence-Intellectence functions recognized in transactional analysis; 4 Origence-Intellectence Scales, measuring structural aspects of creativity and intelligence; and four Method of Response Scales, measuring aspects of responding (Fekken, 1984). Two of the Need Scales are Autonomy and Abasement. The definition for the Autonomy Scale is, "To act independently of others or of social values and expectations" (Gough & Heilbrun, 1983, p. 12). The definition for the Abasement Scale is, "To express feelings of inferiority through self-criticism, guilt, or social impotence" (Gough & Heilbrun, 1983, p. 14).

The reliability, validity and normative data for the Adjective Check List are well established. The ACL has played a significant role in almost 700 research studies (Gough & Heilbrun, 1983). According to Buros Mental Measurements Yearbook, the ACL had attained the 26th position in the list of the 100 most frequently used and cited tests in psychology. The normative data for approximately 10,000 subjects are reported in the ACL manual (Gough & Heilbrun, 1983). The normative sample included 1,986 adult males and 2,092 adult females. Other groups in the normative sample included high school

students, college students, graduate students, medical students, delinquents, psychiatric patients and law students.

The measure of the Adjective Check List Alpha estimates of internal consistency for the 37 scales show acceptable median values of .76 and .75 for males and females, respectively. The stability of ACL scale scores is strong. Six-month test-retest correlations for males showed a median value of .65; one-year test-retest correlations for females showed a median value of .71. The Alpha coefficients for the need scale of Autonomy were .69 for males and .68 for females (Gough & Heilbrun, 1983). The six-month test-retest coefficient for males was .75 and the one-year test-retest coefficient for females was .77 on the Autonomy need scale. The Alpha coefficients for the need scale of Abasement were .70 for males and .69 for females. The six-month test-retest coefficients for males was .71 and the one-year test-retest coefficient for females was .68.

According to Fekken (1984), the construct validity of the Adjective Check List scales appears to be modest based on the evidence presented in the 1983 ACL manual. However, Piedmont, DiPlacido and Keller (1989) indicate that the ACL has strong construct validity. There may be some validity problems with the ACL that stem from a

scoring system designed to control for "Total Checked" on the grounds that this is a response set artifact (Rorrer, 1972). The ACL has a table for converting raw scores to standard scores. There can be large differences in standard scores for two individuals even if they checked the same number of adjectives on a scale and if they checked a different number of adjectives on other scales. For example, if two males each checked 15 items on the Achievement Scale, they will receive standard scores of 73 and 61 if their total item counts are 75 and 76, respectively.

In summary, the Adjective Check List is a 300-item, paper and pencil test that measures personality characteristics. The ACL takes an adult 15 to 20 minutes to complete. The ACL has been found to be a valid and reliable instrument. According to Fekken (1984), the ACL is probably well suited for research settings because of its psychometric properties. In addition, the adjectives on the ACL tend to describe normal dimensions of personality.

Personal Orientation Inventory (POI):

The Personal Orientation Inventory was developed to measure an individual's degree of self-actualizing. This self-report inventory contains 150 two-choice comparative value and behavior judgments. It has been used as a

measure of the self-actualizing variable in research studies and in counseling situations as a point of departure in discussing value concepts having broad personal and social relevance (Tosi and Lindamood, 1978). On each item the subject is asked to choose between opposing statements, not just mark true or false, to a single statement. The use of double-statement items provides the subject with a clearly delineated choice. The POI was developed to measure sound functioning rather than just the presence or absence of pathology (Coan, 1972).

The Personal Orientation Inventory was published in 1963 and was based on the theoretical formulations of several writers in humanistic psychology, including Abraham Maslow, David Riesman, Carl Rogers and Fredrick Perls. Shostrom (1963) developed scales to measure an individual's degree of self-actualizing in the areas of time competence, inner support, self-actualizing value, existentiality, feeling reactivity, spontaneity, self-regard, self-acceptance, nature of man, synergy, acceptance of aggression and capacity for intimate contact.

On the capacity for intimate contact scale a person with the ability to develop meaningful, warm interpersonal relationships with other human beings would score

high while a person who has difficulty with warm interpersonal relationships would score low. "Making contact may be defined as the ability to develop and maintain an 'I-thou' relationship in the here-and-now and the ability to meaningfully touch another human being" (Shostrom, 1963).

Clinical studies have supported the validity of the Personal Orientation Inventory (POI). Bloxom (1972) stated that the content validity of the scales of the POI is good. The test-retest reliability obtained from the POI scale when administered twice to 48 college students a week apart, reliability coefficients ranged from .55 to .85. The reliability coefficient for the capacity for intimate contact scale was .67 (Shostrom, 1963). The POI was normed on 1,514 male and 1,093 female western and midwestern liberal arts college students. The POI has been shown to have good validity over a substantial range of situations (Barnard and Spoentgen, 1987). The POI was found to be sensitive to some of the differences between children of alcoholics and children of non-alcoholics groups in a study by Barnard and Spoentgen with a sample size of 369.

In summary, the Personal Orientation Inventory (POI) is a 150-item, paper-and-pencil test that measures personality characteristics. The POI takes an adult

about 25 minutes to complete. The POI has been found to be a valid and reliable instrument by reviewers in Mental Measurements Year Book (Buros, 1972). In addition, the subscales on the POI tend to describe normal dimensions of personality.

Children of Alcoholics Screening Test (CAST):

The Children of Alcoholics Screening Test (CAST) is a 30-item self-report inventory that is designed to differentiate children of alcoholics from children of non-alcoholics (Churchill, Broida & Nicholson, 1990). The items in a yes/no format measure "(a) psychological distress associated with a parent's drinking, (b) perception of drinking-related marital discord between parents, (c) attempts to control a parent's drinking, (d) efforts to escape from the alcoholism, (e) exposure to drinking-related family violence, (f) tendencies to perceive parents as being alcoholic, and (g) desire for professional counseling" (Dinning & Berk, 1989).

The Children of Alcoholics Screening Test was developed in 1981; however, the reliability, validity and normative data have been reported in both the ninth and tenth editions of Mental Measurements Yearbook (Maxwell, 1985; Schinke, 1989). The internal consistency scores

reported for the CAST show Spearman-Brown coefficients of .98 based on samples of children and adults (Schinke, 1989). The validity data on the CAST support the measure's psychometric properties. In addition, a sufficient number of people have taken the CAST to yield adequate normative data.

Several studies have been completed to measure the validity of the Children of Alcoholics Screening Test (Dinning & Berk, 1989; Hart, 1989; Maxwell, 1983; Stacey, 1985; Stern, Kendall & Eberhard, 1991). Maxwell (1985) reports that the CAST can discriminate children of alcoholics from the general population. In one study it was found that 100% of the children of alcoholics scored 6 or more on the CAST, while only 23% of the control group did. A score of 2 to 5 can be used to determine children of problem drinkers or possible alcoholics. It is possible that some individuals may be motivated to "fake good" on the CAST. Stacey (1985) reports that the items on the CAST have been judged face valid by alcohol counselors and adult children of alcoholics. Hart (1989) reports that adult children of alcoholics score significantly higher than adult children of non-alcoholics on the CAST. Validity studies using chi-square analysis have shown that all CAST items significantly discriminated children of alcoholics from

control group children (Stern, Kendall & Eberhard, 1991). Dinning and Berk (1989) found the mean of a sample of 494 adolescents in grade 11 to be 3.7. This is very similar to the mean of 3.6 for controls reported in the CAST manual.

The internal consistency reliability estimates found by Dinning and Berk (1989) on the CAST with a sample size of 494 were uniformly high. A Spearman-Brown split-half reliability coefficient of .96 was obtained for males and females separately, as well as for the entire sample.

In summary, the CAST is a 30-item, paper-and-pencil test that measures children's attitudes, feelings, perceptions and experiences related to their parents' drinking behavior. According to Hart (1989), it takes an adult 5 to 10 minutes to complete the CAST. The CAST has been found to be a valid and reliable instrument.

Personal History Questionnaire:

The Personal History Questionnaire is a self-report form developed by the researcher. This form was designed to obtain demographic information for the current study only. The form has not been normed nor has it been used in a pilot study.

Research Design

The design of this study was causal comparative in nature. The primary focus was whether or not adult children of alcoholics differ from adult children of non-alcoholics on the personality characteristics of autonomy, inferiority and intimacy.

Specific Hypotheses

- 1) There will be no significant difference in the autonomy score between adult children of alcoholics and adult children of non-alcoholics as measured by the Adjective Check List.
- 2) There will be no significant difference in the abasement score between adult children of alcoholics and adult children of non-alcoholics as measured by the Adjective Check List.
- 3) There will be no significant difference in the capacity for intimacy score between adult children of alcoholics and adult children of non-alcoholics as measured by the Personal Orientation Inventory.

Data Analysis

The statistical technique used in this study was a t-test. This is the appropriate statistic to use when

comparing two groups of subjects on the same variable, as was done in this study. The two groups of subjects, adult children of alcoholics and adult children of non-alcoholics, were tested and compared on the basis of two scales of The Adjective Check List and one scale of the Personal Orientation Inventory. A Bonferroni method was used to control for alpha since there are several questions that were studied. The alpha level for the t-test and the Bonferroni t was set at the .05 level.

The scores of adult children of alcoholics and adult children of non-alcoholics were compared on the Autonomy Scale of The Adjective Check List. The scores of adult children of alcoholics and adult children of non-alcoholics were compared on the Abasement Scale of The Adjective Check List. The scores of adult children of alcoholics and adult children of non-alcoholics were compared on the capacity for intimate contact scale of the Personal Orientation Inventory.

Ethical Considerations

The current literature abounds with information on adult children of alcoholics based on clinical perception and case studies but little empirical data. The limited number of empirically-based studies offer mixed findings

on the personality characteristics of children of alcoholics. Most of this empirical data has been gathered from a typical college-age group (18-22 years old). There is a need for additional study of adult children of alcoholics who have worked through the personality stage crisis associated with young adulthood.

Goodman (1987) states that because there are as many as 34 million children of alcoholics it seems to be of particular importance to identify and assist this population. Counselors know that many children growing up in alcoholic family systems were negatively affected by the experience. However, counselors need to balance this information with the fact that: 1) not all children of alcoholics are affected in the same way; 2) that their experiences were not necessarily negative; and 3) these children, as adults, may not be psychologically maladjusted, and therefore in need of counseling.

This study has added to the literature additional empirical data on the personality characteristics of adult children of alcoholics. This study may have facilitated an increase in self-awareness and understanding for the subjects, thus enhancing their own development.

There was no foreseen possibility of causing physical harm to subjects associated with this study. It

was possible that some subjects could have been emotionally upset by examining their personal characteristics (as per The Adjective Check List or the Personal Orientation Inventory) or the nature of their family of origin (as per the Children of Alcoholics Screening Test or the Personal History Questionnaire). However, these risks were minimal and were out-weighted by the potential benefits of increased self-awareness and self-understanding.

All subjects were volunteers who were informed of their right to decline to participate in the study or withdraw in full or in part at any time.

The subjects had the opportunity to discuss their test results with the researcher, if they so desired. The results were kept confidential. If any subject had become upset by testing, a referral for counseling would have been made.

This study was reviewed and approved by William and Mary's School of Education's Human Subjects Research Committee before any data was collected. In addition, it was reviewed and approved by Newport News Public Schools. Approval was given by Mr. Crawford W. Smith, Assistant Superintendent, Personnel Services, and Dr. Katherine Divine, Supervisor, Research and Program Evaluation, of the Newport News Public Schools.

CHAPTER FOUR

STATISTICAL ANALYSIS

The results of the return of surveys, Personal History Questionnaire, and Children of Alcoholics Screening Test will be presented, as well as a statistical analysis of the three research hypotheses.

Survey Returns

All subjects in the sample received a questionnaire package through the Newport News Public Schools courier system. A total of 180 questionnaire packages were distributed. A total of 130 questionnaire packages were returned completed. The return rate was 72.2%. One subject of the 130 did not complete the question, "What is your ethnic background?" on the Personal History Questionnaire in the study.

RESULTS OF THE PERSONAL HISTORY QUESTIONNAIRE

The Personal History Questionnaire was divided into two parts, current general information and family of origin. The current information included four questions: age, sex, level of education and ethnic background. The family of origin information included the following: parental use of alcohol, marital status of parents and

socio-economic level. The age range of the sample was 23-66 with a mean age of 42.93 years. The number of female subjects was 115 (88.46%) and the number of male subjects was 15 (11.54%).

The Personal History Questionnaire information on level of education for the sample is presented in Table 4.1.

Table 4.1 Level of Education

Type	n	%
High School	12	9.23
Technical Training	3	2.30
College	50	38.46
Master's Degree	52	40.00
Educational Specialist	11	8.46
Doctor of Education	1	0.76
Other Advanced Degree	1	0.76

Note: All percentages are approximations and may not add to 100%.

The Personal History Questionnaire information on ethnic background for the sample is presented in Table 4.2.

Table 4.2 Ethnic Background

Group	n*	%
White	105	80.76
Black	24	18.46
Asian	0	0.00
Hispanic	0	0.00
Other	0	0.00

Note: All percentages are approximate and may not add to 100 percent.

*One subject did not indicate ethnic background.

On the family of origin history section of the Personal History Questionnaire, the response to the question, "Do you have a parent whose use of alcohol caused you concern?", there were 42 "yes" responses (95.45%) and 2 "no" responses (4.50%) for subjects in the adult children of alcoholics group (CAST score 6 or greater), n=44. For the children of alcoholics subjects who indicated that one of their parents use of alcohol caused them concern, 5 subjects (11.36%) described their parent as a social drinker, 11 subjects (25.00%) described their parent as a problem drinker, 26 subjects (59.00%) described their parent as an alcoholic. These percentages are approximate and may not add to 100 percent. (See Table 4.3)

Table 4.3 Description of Parental Drinking - ACOA

Status	n	%
No Concern	2	4.5
Social Drinker	5	11.36
Problem Drinker	11	25.00
Alcoholic	26	59.00

ACOA - Adult Children of Alcoholics

Note: All percentages are approximations and may not add to 100 percent.

For the children of non-alcoholics (those with CAST scores of less than 6) n=6, when responding to the question, "Do you have a parent whose use of alcohol caused you concern?", there were 81 "no" (94.18%) responses and 5 "yes" responses (5.81%). For the adult children of non-alcoholics who indicated that their parents use of alcohol caused them concern, 3 subjects (3.48%) described their parents as a social drinker, and 2 subjects (2.32%) described their parents as problem drinkers. These percentages are approximate and may not add to 100 percent. No subject in the adult children of non-alcoholics group described their parent as an alcoholic. (See Table 4.4)

Table 4.4 Description of Parental Drinking - ACONA

Status	n	%
No Concern	81	94.18
Social Drinker	3	3.48
Problem Drinker	2	2.32
Alcoholic	0	0.00

ACONA - Adult Children of Non-Alcoholics

Note: All percentages are approximate and may not add to 100 percent.

The results of the Personal History Questionnaire for marital status of parents is presented in Table 4.5.

Table 4.5 Marital Status of Parents

Status	n	%
Married	121	93.00
Widowed	0	0.00
Divorced	2	1.50
Unmarried	1	.76
Separated	6	4.61

Note: All percentages are approximations and may not add to 100 percent.

The results of the Personal History Questionnaire for socio-economic level of family of origin is presented in Table 4.6.

Table 4.6 Socio-economic Level

Class	n	%
Lower	6	4.61
Lower Middle	30	23.07
Middle	67	51.53
Upper Middle	25	19.23
Upper	2	1.53

Note: All percentages are approximations and may not add to 100 percent.

RESULTS OF CHILDREN OF ALCOHOLICS

SCREENING TEST (CAST)

The Children of Alcoholics Test scores are reported by description of concern for parental use of alcohol. The subjects could report no concern for parental use of alcohol. Subjects concerned about their parents' use of alcohol could describe them as social drinkers, problem drinkers or alcoholics. (See Table 4.7)

When the self report adult children of alcoholics and self report children of non-alcoholics Children of Alcoholics Screening Test scores were compared using a t-test, there was found to be a statistically significant difference between the two groups when the alpha level was set at the .05 level. (See Table 4.8)

Table 4.7 CAST Scores - Concern of Parental Use

Score	NC	SD	PD	A
0	74			
1	4	1		
2			1	
3	2	2		
4	1			
5			1	
6		1	1	
7	1		1	
8		1	1	
9			1	
10				1
11				
12	1		1	1
13		1	2	1
14				3
15		1	2	2
16			1	3
17				3
18				4
19				1
20				1
21				
22			1	1
23				1
24				2
25				
26		1		
27				1
28				
29				1
30				

n=83

 $\bar{x}=.398$

s=1.630

n=8

 $\bar{x}=9.375$

s=8.331

n=13

 $\bar{x}=11.00$

s=5.462

n=26

 $\bar{x}=17.923$

s= 4.586

NC = No concern

SD = Social drinker

PD = Problem drinker

A = Alcoholic

Table 4.8 Self Report COA's vs. Non-COA's CAST Scores

Group	n	\bar{x}	s	t- value	df	p
ACONA	104	2.413	5.163	-13.992	128	0.000
ACOA	26	17.923	4.586			

ACONA = Adult Children of Non-Alcoholics

ACOA = Adult Children of Alcoholics

A distribution of Children of Alcoholics Screening Test scores for the sample was also generated (see Table 4.9).

Table 4.9 Distribution of CAST Scores for Sample

Total CAST Scores	Self Report COA's	Self Report Non-COA's
0-02	0 (0.00%)	80 (78.43%)
03-05	0 (0.00%)	6 (5.88%)
06-08	0 (0.00%)	6 (5.88%)
09-11	1 (3.84%)	1 (0.98%)
12-14	5 (19.23%)	5 (4.90%)
15-17	8 (30.76%)	5 (4.90%)
18-20	6 (23.07%)	0 (0.00%)
21-23	2 (7.69%)	0 (0.00%)
24-26	2 (7.69%)	1 (0.98%)
27-30	2 (7.69%)	0 (0.00%)
Total n's	26	104

Subjects were divided into two groups by their score on the Children of Alcoholics Screening Test (CAST) for research hypothesis testing. A subject was placed in the adult children of alcoholics group if they were parented by someone with the disease of alcoholism as identified by a score of 6 or greater on the CAST. A subject was placed in the adult children of non-alcoholics group if they were not parented by someone with the disease of alcoholism as identified by a score less than 6 on the CAST.

RESULTS OF FIRST RESEARCH HYPOTHESIS

The first research hypothesis was that the self-description of adult children of alcoholics will reflect less autonomy when compared to the self-description of adult children of non-alcoholics.

Adult children of alcoholics were compared with adult children of non-alcoholics on the Autonomy Scale of the Adjective Check List. A t-test was used to determine if there was a statistically significant difference between the two groups. The alpha level for the t-test was set at the .05 level. A Bonferroni method was used to control for alpha since several questions were studied. The t statistic equaled -0.013 , $p = .990$. This p value was not statistically significant. The first research

hypothesis was rejected (See Table 4.10).

Table 4.10 Adjective Check List - Autonomy

Group	n	\bar{x}	s	t- value	df	p
ACONA	86	47.047	9.126	-0.013	128	.990
ACOA	44	47.068	8.846			

ACONA = Adult Children of Non-Alcoholics

ACOA = Adult Children of Alcoholics

RESULTS OF SECOND RESEARCH HYPOTHESIS

The second research hypothesis was that the self-description of adult children of alcoholics will reflect more inferiority when compared to the self-description of adult children of non-alcoholics.

Adult children of alcoholics were compared with adult children of non-alcoholics on the Abasement Scale of the Adjective Check List. A t-test was used to determine if there was a statistically significant difference between the two groups. The alpha level for the t-test was set at the .05 level. A Bonferroni method was used to control for alpha since several questions were studied. The t statistic equaled -1.179, $p = 0.241$. This p value was not statistically significant. The second research hypothesis was rejected (see Table 4.11).

Table 4.11 Adjective Check List - Abasement

Group	n	\bar{x}	s	t- value	df	p
ACONA	86	47.012	9.276	-1.179	128	0.241
ACOA	44	49.136	10.556			

ACONA = Adult Children of Non-Alcoholics

ACOA = Adult Children of Alcoholics

RESULTS OF THIRD RESEARCH HYPOTHESIS

The third research hypothesis was that the self-description of adult children of alcoholics will reflect less capacity for intimacy when compared to the self-description of adult children of non-alcoholics.

Adult children of alcoholics were compared with adult children of non-alcoholics on the C Scale (capacity for intimate contact) of The Personal Orientation Inventory. A t-test was used to determine if there was a statistically significant difference between the two groups. The alpha level for the t-test was set at the .05 level. A Bonferroni method was used to control for alpha since several questions were studied. The t statistic equaled 0.990, $p = .324$. This p value was not statistically significant. The third research hypothesis was rejected (see Table 4.12).

Table 4.12 Personal Orientation Inventory C Scale

Group	n	\bar{x}	s	t- value	df	p
ACONA	86	45.129	8.260	0.990	128	0.324
ACOA	44	43.520	9.697			

ACONA = Adult Children of Non-Alcoholics
 ACOA = Adult Children of Alcoholics

CHAPTER FIVE

DISCUSSION AND CONCLUSIONS

The purpose of this study was to determine if there was a difference between adult children of alcoholics and adult children of non-alcoholics for the personality characteristics of autonomy, inferiority and intimacy.

FIRST RESEARCH HYPOTHESIS

The first research hypothesis was that the self-description of adult children of alcoholics will reflect less autonomy when compared to the self-description of adult children of non-alcoholics.

On the variable of autonomy as measured on the Autonomy Scale of the Adjective Check List, the mean score for adult children of non-alcoholics was 47.047, with a standard deviation of 9.126, and the mean score for adult children of alcoholics was 47.068 and a standard deviation of 8.846. The Autonomy Scale on the Adjective Check List (ACL) is defined as "to act independently of others or of social values and expectations" (Gough & Heilbrun, 1983, p. 12). All scales of the ACL are reported in standard scores, with a mean of 50 and a standard deviation of 10.

No significant difference was found between the

adult children of alcoholics and adult children of non-alcoholics groups for the variable of autonomy. Both groups showed a mature sense of autonomy. Wilson (1989) states that secure parameters of parental control will provide the environment needed for a child to develop a mature sense of autonomy. Berkowitz and Perkins (1989) found that male children of alcoholics had greater independence/autonomy than male children of non-alcoholics. However, when Berkowitz and Perkins measured independence in females, there was no statistically significant difference between the children of alcoholics and the children of non-alcoholics. Two research groups (Anderson & Sabatelli, 1990; Craig & Olson, 1988) indicated that extremely high levels of autonomy may indicate dysfunction rather than function.

These findings indicate that for this sample, adult children of non-alcoholics and adult children of alcoholics did not show the high levels of autonomy that might indicate dysfunction rather than function. In 1983, Ackerman said that children of alcoholics may not be able to develop sufficient autonomy. These findings do not support Ackerman's conclusion. The findings of this study are similar to those of Berkowitz and Perkins (1989) for female subjects, perhaps because 88% of the subjects were female.

SECOND RESEARCH HYPOTHESIS

The second research hypothesis was that the self-description of adult children of alcoholics will reflect more inferiority when compared to the self-description of adult children of non-alcoholics. No statistically significant difference was found between the adult children of non-alcoholics and the adult children of alcoholics groups for the variable of inferiority. The mean for the adult children of non-alcoholics group was 47.012 with a standard deviation of 9.276. The mean for the adult children of alcoholics was 49.136 with a standard deviation of 10.556. The concept of inferiority was measured by the Abasement Scale on the Adjective Check List. Gough and Heilbrun, 1983, p. 14, give the following definition for abasement, "to express feelings of inferiority through self-criticism, guilt, or social impotence". Berkowitz and Perkins (1988) found that female children of alcoholics reported greater self-depreciation than female children of non-alcoholics. Ackerman (1983) stated that children of alcoholics may develop a sense of inferiority because of poor performance in school. Wilson in a 1989 overview of characteristics of adult children of alcoholics included self-devaluing and self-hatred. Both Ackerman and Wilson based their statements on clinical judgment and practice with no presented

evidence of empirical research to support their statements. The findings from the current study do not support the Ackerman and Wilson statements or the findings of Berkowitz and Perkins that female children of alcoholics report greater self-depreciation than female children of non-alcoholics. The findings of this study are more similar to those of Werner and Broida (1991). They found that parental alcoholism was not a predictor of significant difference in adult self-esteem or locus of control.

THIRD RESEARCH HYPOTHESIS

The third research hypothesis was that the self-description of adult children of alcoholics will reflect less capacity for intimacy when compared to the self-description of adult children of non-alcoholics. No statistically significant difference was found between adult children of non-alcoholics and adult children of alcoholics for the variable of intimacy. The mean for the adult children of non-alcoholics was 45.129 with a standard deviation of 8.260. The mean for the adult children of alcoholics was 43.52 with a standard deviation of 9.697. The variable of intimacy was measured by the capacity for intimate contact (C) scale of The Personal Orientation Inventory (POI). The concept

measured by the C scale of the POI is defined by Shostrom, 1974, p. 5, as "ability to develop contactful intimate relationships with other human beings, unencumbered by expectations and obligations". On the POI all subjects' scores are reported in T-scores. Cutter and Cutter (1987) determined that adult children of alcoholics have difficulty with intimacy issues. This was based on observational data from "adult children's" Al-Anon meetings. Cutter and Cutter used a sample size of 14. Bradley and Schneider (1990) found that adult children of non-alcoholics do not differ from adult children of alcoholics on the measures of trust and self-disclosure. Bradley and Schneider compared 39 adult children of alcoholics with 28 control subjects. Barnard and Spoentgen (1986) found that adult children of alcoholics seeking treatment scored statistically significantly lower than adult children of non-alcoholics on the variables of capacity for intimate contact. However, the adult children of alcoholics who were not seeking treatment scored statistically significantly higher than adult children of alcoholics seeking treatment on the variable of intimate contact. These results indicate that the previously perceived homogeneity of adult children of alcoholics did not appear between these two groups of adult children of

alcoholics. The findings of the current study are similar to the findings of Bradley and Schneider as well as Barnard and Spoentgen. Both Cutter and Cutter and Barnard and Spoentgen studied subjects who were seeking treatment. A sample of adult children of alcoholics seeking treatment may differ from a sample of adult children of alcoholics who may not be in treatment. These findings differ from those of Cutter and Cutter. In the current study there was a sample size of 130 and the findings were based on empirical not observational data.

For all three research hypotheses there was not a statistically significant difference between adult children of non-alcoholics and adult children of alcoholics on the variables of autonomy, intimacy and inferiority. It is possible that there may not be a difference in the personality characteristics between adult children of non-alcoholics and adult children of alcoholics. These findings are consistent with the work of others who have completed empirical studies with children of alcoholics (Churchill, Broida & Nicholson, 1990; Stark, 1987; Seefeldt & Lyon, 1990; Tweed and Ryff, 1991; Werner and Broida, 1991). Churchill, Broida and Nicholson (1990) did not find any significant relationship between parental alcoholism and either locus

of control or self-esteem. Stark (1987) reports in one study over half of the children of alcoholics were resilient. Research indicated that almost three-quarters of the resilient children were female. The findings of Stark for females may have some impact on the findings in the current study, which had a large percentage of female subjects, 88.46%. Seefeldt and Lyon (1990) compared adult children of alcoholics, $n=54$, with adult children of non-alcoholics, $n=93$. Seefeldt and Lyon found no significant difference between self reported adult children of alcoholics and self reported adult children of non-alcoholics on 12 of Woititz's (1983) 13 characteristics of children of alcoholics. Seefeldt and Lyon (1990) did not research intimacy. They found no difference between adult children of alcoholics and adult children of non-alcoholics in their level of self-criticism, need for affiliation, levels of defendance (need to lie), need to control their environment, perseverance on tasks, impulsivity, capacity for having fun, need for approval and affirmation, levels of responsibility, perception of social adeptness, and feelings of fraudulence. Barnard and Spoentgen (1986) found that non-treatment children of alcoholics had a greater capacity for intimate relationships than children of non-alcoholics. Tweed and Ryff (1991) found that

children of alcoholics did not differ from the controls on most measures. Warner and Broida (1991) studied 195 professional adults. They found that parental alcoholism was not a predictor of significant difference in adult self-esteem or locus of control. It may be due to the large number of female professional subjects that the work of Stark as well as Werner and Broida seem to reflect similar trends in the personality characteristics for adult children of alcoholics as found in this study. As the above studies indicate, many researchers have found no difference between the personality characteristics of adult children of alcoholics and adult children of non-alcoholics.

The results of the Children of Alcoholics Screening Test (CAST) were similar to those found by Jones and reported in his test manual in 1991. Adult children of alcoholics scored statistically significantly higher on the CAST than did adult children of non-alcoholics. These results are consistent with the results found by Jones. In addition, just as in the work by Jones (p. 13) all (100%) self reported adult children of alcoholics scored six or greater on the CAST. However, in this study only 18% of the self reported adult children of non-alcoholics scored six or above on the CAST. Jones (p. 13) reported that 23% of the control group scored six

or greater on the CAST.

Limitations

Limitations on the generalizability of the findings have already been discussed. Since the population for the study was the employees of a local school system in southeast Virginia, the sample results can best be generalized to similar populations. No special considerations or adjustments were made for the demographic variables of gender, level of education, ethnic background, or family of origin system. The sample was predominantly female, college educated, Caucasian, from middle income families of origin. Even though the sample was randomly drawn, the participants were volunteers. This raises the possibility of a biased sample since volunteers have been found to be different from non-volunteers. Because of ethical consideration, it is often necessary to use volunteers in personality research. This certainly may limit the generalization of results.

Suggestions for Future Research

The Personal Orientation Inventory (POI) was used in the current study. The theoretical rationale for this study was based on the work of Erik Erikson and his

developmental stage approach. Erikson made major contributions to contemporary psychoanalytic theory. The POI was published in 1963 and was based on the theoretical formulations of several writers in humanistic psychology, including Abraham Maslow, David Riesman, Carl Rogers and Fredrick Perls. Perhaps the findings on the C Scale of the POI were not statistically significant since an Eriksonian theoretical rationale was used in this study. Since the POI was used to measure the construct of intimacy, a future researcher would be well advised to use a personality measure based on an Eriksonian theoretical rationale when measuring intimacy.

The population from which this sample was drawn was well educated. Many of the subjects in this study who were self-reported adult children of alcoholics have successfully completed college and are all employed. These individuals may have coping skills that other adult children of alcoholics do not possess. The research on children of alcoholics indicates that many have difficulties in school. In future studies, the population sampled should include the employed, unemployed and the underemployed. This would allow the researcher to include adult children of alcoholics in the sample that may not have been successful in school or employment.

This population for this sample was predominantly

female. The literature indicates that female children of alcoholics tend as a group to be more resilient than male children of alcoholics. In future research, it would be best if the population from which the sample is drawn is balanced for males and females.

On the Personal History Questionnaire, the subjects were not asked if they were in treatment for adult children of alcoholic issues. The literature review indicates that adult children of alcoholics seeking treatment may differ from adult children of alcoholics who are not seeking treatment. All adult children of alcoholics may not have similar personality characteristics. There should be additional research to determine the differences in the personality characteristics of adult children of alcoholics seeking treatment and adult children of alcoholics who are not seeking treatment.

In this study, there was no difference found between adult children of non-alcoholics and adult children of alcoholics for the personality characteristics of autonomy, inferiority and intimacy. There should be additional research on resilient adult children of alcoholics.

Implications

Counselors need to be able to identify and assist children of alcoholics, since it has been estimated that as many as 34 million children of alcoholics live in the United States (Black, 1986). The literature supports the notion that living with an alcoholic parent may adversely impact the personality development of children under the age of 18. It would be misleading, however, to stereotype the group as being one whose members all share the same personality characteristics. As a group, adult children of alcoholics tend to be overrepresented in the clinical range. However, many individual adult children of alcoholics are reasonably well-adjusted.

Counselors need to understand the clinical issues of children of alcoholics. Counselors know that many people growing up in alcoholic family systems were negatively affected by the experience. However, counselors need to balance this information with the fact that: 1) not all children of alcoholics are affected in the same way; 2) that their experiences were not necessarily negative; or 3) these children, as adults, may not be in need of counseling or a recovery program. However, counselors need to remember that children of alcoholics often experience parental inconsistencies, shame, anxiety, denial, distortion of reality, enabling, co-dependency,

confusing communication, neglect, abuse, secrecy, and repressed feelings and roles that hinder their development. The disease of alcoholism can turn the most loving parents into people who are unpredictable, unreliable, and emotionally unavailable. The counselor must determine the level of function in each family system.

In conclusion, children of alcoholics may have specific issues that need to be explored in counseling. However, both the counselor and client need to be cognizant that growing up in an alcoholic family system does not necessarily determine the personality characteristics of children of alcoholics. These same experiences are often found in non-alcoholic families as well. The counselor should remember that there are many solutions to each client's problem and remain flexible with each client regardless of family of origin issues.

Children of Alcoholics Screening Test

Appendix A



83
5 NORTH WABASH AVE.
SUITE 1409
CHICAGO, IL. 60602
(312) 938-8661

October 11, 1993

Cynthia Walker
William and Mary
1454 Todds Lane - Apt A24
Hampton, VA 23666
(Invoice #5587)

You have our permission, as publisher of the CAST, to use the CAST for your research at **William and Mary** examining "*Personality characteristics and ACoAs*." Please send us a short abstract including study name, department, proposed time lines and purpose for research (i.e., degree, term paper, possible publication, etc.). If you come across any CAST studies not included in our research abstracts please send a copy of the study's abstract and title page.

You also have permission to include a copy of the CAST any in-class paper, thesis or dissertation including publication by the UMI Master's / Dissertation Abstract service. Colleges generally send a student's research to UMI upon their graduation. If yours does not, we will pay half of the UMI publication costs. If you submit it for publication elsewhere, the CAST test must be removed and replaced with our company address for interested readers.

Please **send us the results** (at least the title page and full abstract - the whole paper, if possible) of your finished paper so that your findings may be included in future CAST test manuals. Please contact us if we can be of any further assistance.

Good luck,

Michael A. Lavelli

Michael A. Lavelli, M.A.
President, Camelot Unlimited



C. A. S. T.

Please check the answers below that best describe your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all 30 questions by checking either "Yes" or "No".

Gender: Male _____ Female _____ Age: _____

Yes No Questions

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Have you ever thought that one of your parents had a drinking problem? |
| ___ | ___ | 2. Have you ever lost sleep because of a parent's drinking? |
| ___ | ___ | 3. Did you ever encourage one of your parents to quit drinking? |
| ___ | ___ | 4. Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking? |
| ___ | ___ | 5. Did you ever argue or fight with a parent when he or she was drinking? |
| ___ | ___ | 6. Did you ever threaten to run away from home because of a parent's drinking? |
| ___ | ___ | 7. Has a parent ever yelled at or hit you or other family members when drinking? |
| ___ | ___ | 8. Have you ever heard your parents fight when one of them was drunk? |
| ___ | ___ | 9. Did you ever protect another family member from a parent who was drinking? |
| ___ | ___ | 10. Did you ever feel like hiding or emptying a parent's bottle of liquor? |
| ___ | ___ | 11. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking? |
| ___ | ___ | 12. Did you ever wish your parent would stop drinking? |
| ___ | ___ | 13. Did you ever feel responsible for and guilty about a parent's drinking? |
| ___ | ___ | 14. Did you ever fear that your parents would get divorced due to alcohol misuse? |
| ___ | ___ | 15. Have you ever avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem? |
| ___ | ___ | 16. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent? |
| ___ | ___ | 17. Did you ever feel that you made a parent drink alcohol? |
| ___ | ___ | 18. Have you ever felt that a problem drinking parent did not really love you? |
| ___ | ___ | 19. Did you ever resent a parent's drinking? |
| ___ | ___ | 20. Have you ever worried about a parent's health because of his or her alcohol use? |
| ___ | ___ | 21. Have you ever been blamed for a parent's drinking? |
| ___ | ___ | 22. Did you ever think your father was an alcoholic? |
| ___ | ___ | 23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem? |
| ___ | ___ | 24. Did a parent ever make promises to you that he or she did not keep because of drinking? |
| ___ | ___ | 25. Did you ever think your mother was an alcoholic? |
| ___ | ___ | 26. Did you ever wish you could talk to someone who could understand and help the alcohol related problems in your family? |
| ___ | ___ | 27. Did you ever fight with your brothers and sisters about a parent's drinking? |
| ___ | ___ | 28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking? |
| ___ | ___ | 29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking? |
| ___ | ___ | 30. Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem? |

___ TOTAL NUMBER OF "Yes" ANSWERS

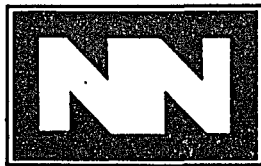


Camelot Unlimited

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Materials Set Information Sheet and Letters

Appendix B

**Newport News Public Schools**

FAX (804) 595-2461

12465 WARWICK BOULEVARD • BOX 6130

NEWPORT NEWS, VIRGINIA 23606-0130

November 9, 1993**Dear Newport News Public School Employee:**

One of our counselors, Ms. Cynthia Walker, is conducting her dissertation research on *"Adult Children of Alcoholics: Measuring the Personality Characteristics of Autonomy, Inferiority and Intimacy"*. Mr. Crawford Smith, Assistant Superintendent of Personnel Services and Mr. Gil Wylie, Director of Data Processing and Research, have granted approval for her to conduct this research with employees from the Newport News Public Schools.

Ms. Walker needs 100 adults to fill out her survey and test instruments in order to complete this project. Your name has been selected at random, and at no time will your identity be known to her. This research may provide valuable information to the field of Counseling and to the understanding of personality characteristics of adult children of alcoholics. Please consider becoming a part of this study, and returning the completed materials.

Sincerely,*Beth Smith*

**Beth Smith, Ed.D.
Assistant Supervisor
Research & Program Evaluation**

1454 Todds Lane, Apt. A-24
Hampton, VA 23666

November 7, 1993

Dear Newport News Public School Employee:

With the approval of my research committee from the College of William and Mary, I have begun an investigation of the personality characteristics of adult children of alcoholics. We have decided to focus on the areas of intimacy, inferiority and autonomy.

You were chosen at random from among all Newport News Public School employees. Therefore, your part in the study is necessary for its success.

While I know there are many demands on your time, I hope you will nevertheless take about one hour to provide the information requested. The questionnaires have been coded with a 3-digit code in order to keep each material set together. It is impossible for me to identify you. As a part of the process, I have enclosed an envelope for you to return all materials to me through the Pony System at Warwick Early Childhood Center.

I hope you will agree to participate. I need your help and appreciate your consideration of my request.

Sincerely,

Cynthia A. Walker

Cynthia A. Walker
Graduate Student
The College of William and Mary

INFORMATION SHEET

Purpose of the Study

The purpose of this study is to investigate how adult children of alcoholics differ from adult children of non-alcoholics when measured on the personality characteristics of autonomy, inferiority and intimacy.

Assurance of Voluntary Participation

Participation in this study is strictly voluntary. You are guaranteed the right to decline to participate or to withdraw at any time. You will have the opportunity to discuss your own individual test results with the researcher, if you desire. You must remember your 3-digit code in order to receive your personal results.

Assurance of Confidentiality

All data collected in this study will be kept in confidence. All test sets will be assigned a 3-digit code to keep the material sets together. For the purposes of analysis only group data will be used. Individual responses will be anonymous.

What if I Do Not Want to Participate?

Please return the blank material sets to me so that they can be sent to another person. Each material set costs about \$4.50. I am not receiving any type of grant or aid to complete this research, so I would appreciate your returning all materials in the enclosed envelope through the Pony System.

Availability of Results

Cynthia A. Walker
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Hampton, VA 23666

(804) 838-4884

Dr. Kevin E. Geoffroy
School of Education
College of William and Mary
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Personal History Questionnaire

Appendix C

PERSONAL HISTORY QUESTIONNAIRE

CURRENT GENERAL INFORMATION:

CODE # _____

1- Age: _____

2- Sex: M _____ F _____

3- What level of education have you completed?

_____ less than high school

_____ high school

_____ technical training

_____ college

_____ Master's degree

_____ Educational Specialist

_____ Ed.D.

_____ other advanced degree (specify): _____

4- What is your ethnic background?

_____ White _____ Black _____ Hispanic

_____ Asian _____ Other (specify): _____

FAMILY OF ORIGIN HISTORY (The family you grew up in)

5A- Do you have a parent whose use of alcohol caused you concern?

_____ Yes _____ No

5B- If you marked "yes" to question 5A, which best describes your parent?

_____ Social Drinker _____ Problem Drinker

_____ Alcoholic

6- During most of your years at home, your parents were: (check one)

_____ Married _____ Divorced _____ Separated

_____ Widowed _____ Unmarried

7- Approximate socio-economic level of your family when you were growing up?

_____ Lower class (poor) _____ Lower middle class

_____ Middle class _____ Upper middle class

_____ Upper class

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Vita

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